



# Clark County Department of Building

## Fire Prevention Bureau

4701 W Russell Rd • Las Vegas, NV 89118 • Phone: (702) 455-7100 • Fax: (702) 735-0775

### Temporary Permit Application

**\$75 minimum application fee is due at time of submittal. Additional fees may be required depending on event timeframe.**  
**Fee is payable in exact cash, check/money order (drawn from US bank – payable to CCFP), or FP escrow account only.**

**Application Date:** \_\_\_\_\_ **Payment Type:** Cash Check -or- FP Escrow Account #: \_\_\_\_\_  
(Please check one)

**CCFP Code Enforcement Case No.:** (If applicable) \_\_\_\_\_ **Building Permit No.:** (If applicable) \_\_\_\_\_

Please check appropriate box

- |   |  |
|---|--|
| <input type="checkbox"/> Amusement Buildings (FABT)   | <input type="checkbox"/> Flammable/Combustible Liquids Storage and/or Use (FFCT)<br>(Includes: Aboveground Tanks, Cabinets, Diesel Generators, Drums, Safety Cans, etc.) |
| <input type="checkbox"/> Asbestos Removal (FART)  | <input type="checkbox"/> Floor Finishing (FFFI)  |
| <input type="checkbox"/> Auto Sprinkler Sys – <u>Indoor</u> Covered Booth(s) > 1,000 SF & Tent(s)<br>> 2,000 SF (FDSC) Sq Ft: _____ | <input type="checkbox"/> Hazardous Materials (FDHT)  |
| <input type="checkbox"/> Candles and Open Flame (FDCT)  | <input type="checkbox"/> Hot-Works Fixed (FHFT)  |
| <input type="checkbox"/> Carnivals & Fairs (FCFT)   | <input type="checkbox"/> Hot-Works Mobile (FHMT)   |
| <input type="checkbox"/> Compressed Gas (FDCG)  | <input type="checkbox"/> Hot-Works Combination Fixed/Mobile (FHWT)   |
| <input type="checkbox"/> Cryogen Systems (FCST) (Includes: Fog Effects)   | <input type="checkbox"/> Liquefied Petroleum Gases (FPGT)  |
| <input type="checkbox"/> Exhibits & Trade Shows (FDET)<br>Sq Ft: _____  | <input type="checkbox"/> Liquid or Gas-Fueled Vehicles or Equip in Assembly Area (FLQT)  |
| <input type="checkbox"/> Explosive Materials (FEMT)<br>Number of Magazines: _____   | <input type="checkbox"/> Mall Covered Kiosk (FMKT)   |
| <input type="checkbox"/> Fireworks Booth (FFBT)   | <input type="checkbox"/> Mobile Fueling Site (FMFT)  |
| <input type="checkbox"/> Fireworks Display Outdoor (FFDO)<br>Device Count: _____  | <input type="checkbox"/> Mobile Fueling Vehicle (FMVT)   |
| <input type="checkbox"/> Fireworks/Pyrotechnics Proximate Indoor/Outdoor (FFPT)<br>Device Count: _____                              | <input type="checkbox"/> Open Burning Agricultural (FOBT)  |
| <input type="checkbox"/> Filming (FDFT)   | <input type="checkbox"/> Places of Assembly (FDAT) Sq Ft: _____  |
| <input type="checkbox"/> Firewood Sales (FWFC)  | <input type="checkbox"/> Special Activity Lot (FCTL)   |
| <input type="checkbox"/> Flame Effects (FFET)   | <input type="checkbox"/> Spraying or Dipping (FSDT)  |
|   | <input type="checkbox"/> Temporary Membrane/Bldg Structure/Tent - <u>Outdoor</u> (FTTT)<br>Sq Ft: _____  |

(Note: Tent(s) > 400 SF / Canopy(s) > 700 SF / Bldg(s) > 4,500 SF)

#### PERMIT INFORMATION

**Plans:** New Revision Correction Application # (If applicable): \_\_\_\_\_  
(Please check one) **Note: If plan is a revision or a correction then the original application number must be provided.**

**Expedite:** Yes or No **Municipal Project/Property:** Yes or No **APN:** \_\_\_\_\_

**Venue Address:** \_\_\_\_\_ **Bldg-Suite#:** \_\_\_\_\_

**Name of Venue:** \_\_\_\_\_

**Exact Location within Venue:** \_\_\_\_\_  
(i.e.: Name of ballroom, hall or parking lot location)

**Name of Event:** \_\_\_\_\_

**Event Move-In Date:** \_\_\_\_\_ **Event Move-Out Date:** \_\_\_\_\_

**\*\* Date & Time Event Will Be Set Up For Inspection:** \_\_\_\_\_ *Check one* **AM -or- PM \*\***

**On-Site Inspection Contact Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**\*\* Saturday and Sunday inspections are performed after 4:00 PM. An overtime inspection must be requested if needed before 4:00 PM \*\***

#### APPLICANT INFORMATION

**Submitting Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Bldg-Suite #:** \_\_\_\_\_

**City, State, Country, Zip Code:** \_\_\_\_\_

**Company E-Mail Address:** \_\_\_\_\_

**Company Phone #:** \_\_\_\_\_ **Company Fax #:** \_\_\_\_\_

**Applicant Phone #:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Applicant E-Mail Address:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant Name and Title**

\_\_\_\_\_  
**Applicant Signature**